

# NEW RESOURCE TRAINING PARTICIPANT NOTEBOOK (FTR-FAP)

BY THE CENTRE INTÉGRÉ UNIVERSITAIRE DE SANTÉ ET DE SERVICES SOCIAUX DE L'ESTRIE –  
CENTRE HOSPITALIER UNIVERSITAIRE DE SHERBROOKE, DIRECTION DE LA QUALITÉ, DE L'ÉTHIQUE, DE LA PERFORMANCE ET  
DU PARTENARIAT (DQEPP): COORDINATION OF RESIDENTIAL SERVICES IN THE IR-FTR-NIR COMMUNITY

JANUARY 2023

**Drafting**

Coordination of residential services in the IR-FTR-NIR community, Direction de la qualité, de l'éthique, de la performance et du partenariat (DQEPP)

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## PREAMBLE

We are delighted to work with you during this training and to present this guide for family-type resources.


The quality control team has produced this training course compiling comprehensive information to support you in your day-to-day work. The content is based on many documents relevant to your activities, including: IR-FTR Reference Framework, the *Regulation respecting the classification of services*, collective or national agreements, and the MSSS's orientations.

To begin with, we want to accompany you through the foster-care process, once you have been accredited. We also intend to provide tools for help with the user integration process. We want to help you become capable of independently managing the required documents to complete your accreditation. Lastly, we would like to state what we expect from our collaborators.

We hope this training will be useful in helping you better understand our mutual actions in relation to user follow-up with the goal of providing quality services.

If you have any questions after reading this document, please contact your Quality Worker, or for further information, contact our team at [dqgepp.fapqualite.ciusse-chus@ssss.gouv.qc.ca](mailto:dqgepp.fapqualite.ciusse-chus@ssss.gouv.qc.ca).

THANK YOU FOR YOUR COMMITMENT!

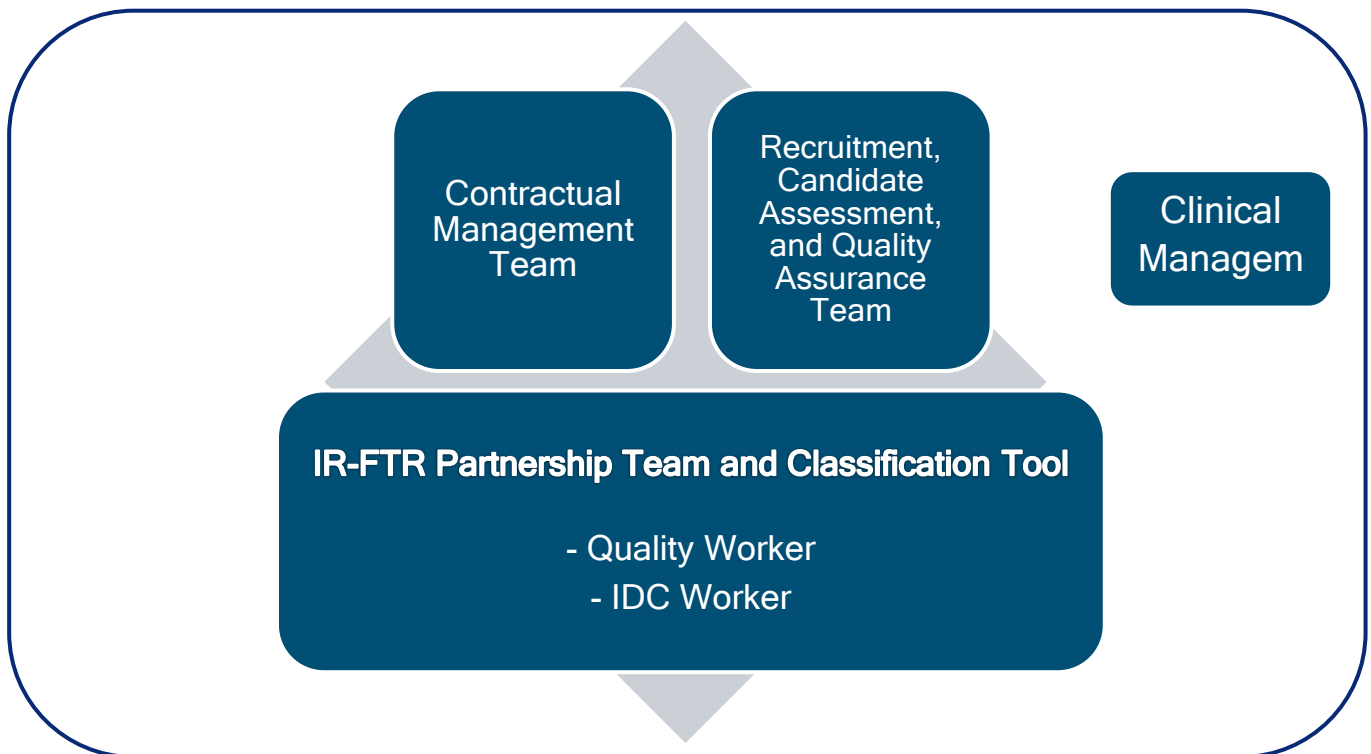
\*To access the hyperlinks in this document, please click on the underlined words in [blue](#). The image  is also displayed beside links for quick navigation within this document.

## **Table of contents - Training**

|   |           |
|---|-----------|
| <b>Section 1: The Organization Structure of the Direction de la qualité, de l'éthique de la performance et du partenariat (DQEPP)</b> | <b>5</b>  |
| 1.1 Introduction to the Coordination of Residential Services in the IR-FTR-NIR Community  | 5         |
| 1.2 Roles and Responsibilities  | 5         |
| 1.2.1 Contract Management Team  | 5         |
| 1.2.2 IR-FTR Partnership Team and Classification Tool   | 6         |
| 1.2.3 Recruitment, Assessment, and Quality Assurance Management Team  | 7         |
| 1.2.4 Clinical Departments  | 8         |
| <b>Section 2: Direction de la protection de la jeunesse</b>   | <b>10</b> |
| 2.1 Operation - Different Teams   | 10        |
| 2.2 Role of Patient Navigator   | 10        |
| <b>Section 3: User Placement Steps</b>  | <b>12</b> |
| 3.1 Summary Assessment and User Arrival   | 12        |
| 3.2 Accreditation   | 12        |
| 3.3 Agreement Signature by Contract Team  | 13        |
| 3.4 Partner Follow-up   | 13        |
| 3.5 User Departure (Relocation Request - End of Placement)  | 13        |
| 3.6 User File Handling  | 14        |
| <b>Section 4: General Criteria of the Minister and Reference Framework</b>  | <b>16</b> |
| 4.1 General Criteria Identified by the Minister   | 16        |
| 4.2 Reference Framework - Common Services   | 21        |
| 4.3 Classification Tool - Specific Services   | 24        |
| <b>Section 5: Relocation Request</b>  | <b>26</b> |
| 5.1 Procedure   | 26        |
| <b>Section 6: Allowance for Personal Expenses (ADP)</b>   | <b>27</b> |
| 6.1 Operation   | 27        |
| 6.2 Circulaire - Financial allowances   | 28        |
| 6.3 Reimbursement   | 28        |
| <b>Section 7: Tools</b>   | <b>29</b> |
| 7.1 Website   | 29        |
| 7.2 Telephone Number  | 29        |
| 7.3 IR-FTR List   | 29        |
| 7.4 Property Register   | 29        |
| 7.5 Documents Used for Your Functions   | 29        |

## Section 1: The Organization Structure of the Direction de la qualité, de l'éthique de la performance et du partenariat (DQEPP)

### 1.1 Introduction to the Coordination of Residential Services in the IR-FTR-NIR Community



### 1.2 Roles and Responsibilities

#### 1.2.1 Contract Management Team

The contract management team is responsible for the following:

- Renewal, modification, and termination of an agreement;
- Management of retribution payments;
- Approval of specific reimbursement requests;
- Management of administrative request process;
- Resource claims processing.

## 1.2.2 IR-FTR Partnership Team and Classification Tool

**The partnership team is composed of two sub-teams, i.e. Quality Workers and IDC Workers.**

Once accredited, as a residential resource, you will be required to work in close collaboration with the **Quality Worker**. The role of the Quality Worker is to act as a facilitator in the relationships between users, workers, and resources, to ensure optimum response to users' needs. To ensure the quality of services provided to users of the IR-FTR, the Quality Worker must ensure that the responsibilities of both the institution and the resources are carried out in compliance with the expectations of the Reference Framework, as well as collective and national agreements. The worker will have a follow-up with you using the quality logbook, during which you can discuss common services (see Section 4).

- Monitoring the quality of the services rendered to users by the resource (common services, specific services);
- Ensure continued compliance with the Minister's general criteria;
- Audits of the resource's management of user assets (tools used for ADP management);
- Produce quality logbook and support plan as required.

If there is a potential issue concerning one or more of the services rendered to one or more users, the Quality Worker will suggest implementing a support plan to identify means that facilitate the restoration of the service.

### **\*Important details:**

- The Quality Assurance Worker does not make **clinical decisions** in relation to the professional follow-up of users. Therefore, any questions related to residential users must be directly addressed to the Patient Navigator;
- They do not conduct any professional psychosocial follow-ups with the resource;
- They do not have access to user information;
- They do not provide support for the classification tools.

**IDC Workers** will meet you at least once a year in order to help you complete the user classification tool. Following a user's arrival, classification must be completed between the 30<sup>th</sup> and 60<sup>th</sup> day of placement. Any payments are then adjusted. Subsequently, the IDC is carried out at least once per year. However, requests to make changes to the conditions can be made at any time, e.g. appointments with a healthcare professional can be added or withdrawn or the level of assistance required for hygiene care can be adjusted. A procedure has been integrated to request an IDC review. Please refer to the website for further details.

**Duties:**

- Identify and organize the services expected from the IR-FTR for a new placement (30 - 60 days);
- Adapt the IDC if the user's condition changes over the course of the year;
- Perform annual IDC reviews;
- Process requests for special measures, to support the user and the IR-FTR;
- Complete the scheduling for appointments that require accompaniment from the IR-FTR;
- Review IDCs according to the collective and national agreement guidelines, as applicable.

\*\*Documents must be kept confidential. See Section 3.5 - File handling.

### 1.2.3 Recruitment, Assessment, and Quality Assurance Management Team

The **recruitment management** team is responsible for the following:

- Promote and recruit IR-FTR resources;
- Assess and recruit new candidates;
- Apply the assessment process for common and specific services;
- Develop, distribute, and update the institution's various policies, protocols, and procedures;

The quality assurance management team is responsible for the following:

- Collaborate with quality stakeholders and operators;
- Ensure the management of any persistent quality assurance issues (supervision, quality follow-up and intervention, reporting) that could potentially lead to an administrative investigation.

**Quality gap:** A quality gap is an element or provision of the quality rendered by the institution or resource that is not in compliance with an identified requirement and provided for in the desired quality, i.e. as stated in the initial framework. There is therefore a discrepancy, or gap, **between the quality delivered and the quality requested**. Gaps may be identified by report, Quality Workers, Patient Navigators, or any other stakeholder involved in the living environment.

When a support plan has been developed with the Quality Worker (see previous section) and challenges persist, or the environment has been reported, the assurance team intervenes. They analyze the situation and then develop an improvement plan with the foster environment operator, Quality Workers, and Patient Navigators.

### 1.2.4 Clinical Departments

We work in collaboration with various clinical departments such as the following:

- Youth (DPJ)
- Adult:
  - o Intellectual disability, autism spectrum disorder, physical disability (ID-ASD-PD)
  - o Mental health and addiction
  - o Seniors (SAPA)

Our team is divided into two categories, i.e. adults and youths.

Some of the program's elements differ depending on the clientele, e.g. intermediate residence in SAPA vs. FTR in youth.

## **Quality Control Team**

**1. Quality control - prevention monitoring**

**2. Observation of potential challenges**

**3. Collaborative meeting**

**4. Implementation of support plan**

## **Quality Assurance Team**

**5. Reception of gap letter**

**6. Consultation**

**7. Improvement plan**

**8. Follow-up on plan for**

**9. Preliminary examination**

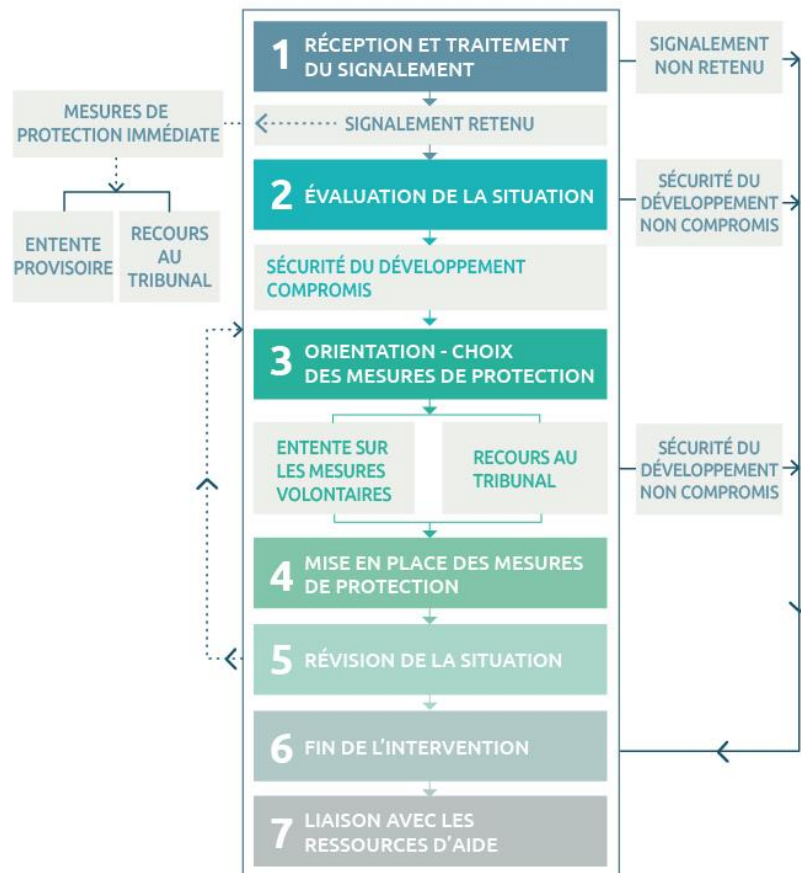
**10. Administrative investigation**

## Section 2: Direction de la protection de la jeunesse

### 2.1 Operation - Different Teams

#### L'INTERVENTION DE LA DPJ

Étape par étape



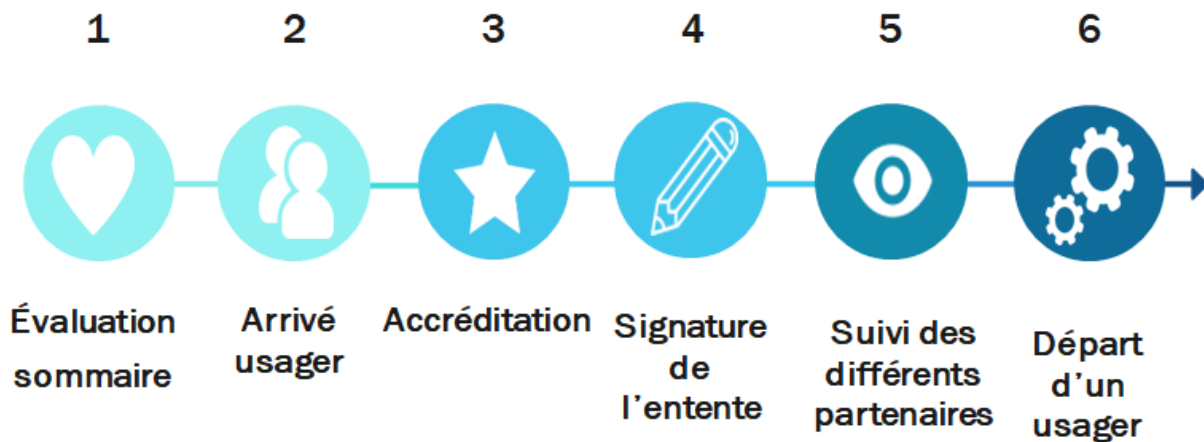
### 2.2 Role of Patient Navigator

The Patient Navigator has different roles in relation to the user depending on the team in which they are working. When the user's follow-up is with the assessment team, the youth has just arrived for services and the worker must gather data to verify whether youth protection services will intervene in the youth's life. If so, once referred to court, the follow-up is transferred to the measures application team. Its role is to carry out the long-term follow-up of services and implement court recommendations.

The Patient Navigator is responsible for the following:

- Visiting the user in the resource according to the user's intervention plan (IP), individualized service plan (ISP), or any other directive (approximately 1 visit per month);
- During these meetings, ensuring the user's needs are being met and making connections with the resource;
- Ensuring that the user has all the required services for their condition (school, professional services, etc.);
- Ensuring that important information is communicated to the resource, but also to the natural family or loved ones;
- Noting any gaps in the quality of services rendered by the resource and reporting them to the resource and the Quality Worker;
- Managing the user's transfer and/or providing support to the resource to prevent relocation;
- Collaborating with the DQEPP and all other partners.

## Section 3: User Placement Steps



### 3.1 Summary Assessment and User Arrival

When a client is placed in a FAP, a worker will contact them to determine whether you are in a position to accommodate them. They will visit your environment and verify certain basic elements with you (room, potential placement date, profile of youth, etc.).

When the youth arrives in your environment, the worker must give you a document called an RSVP (allergies, known diagnoses, etc.). This document must be provided to you within 72 hours. They must also give you their health insurance card. Also, if the user arrives from another care environment, they should give you an amount for the remaining allowance for personal expenses (ADP - allocation des dépenses personnelles).

With the worker, you must complete the property register (see Section 8.4 Property Register), as well as a budget forecast for ADP needs and expenses.

### 3.2 Accreditation

The assessment team has already performed your assessment and confirmed your accreditation. You no longer need to complete this process unless there are changes to the conditions of your specific agreement, e.g. when a person is added to or removed from the contract. This may also be the case during a separation. Evaluators must assess the operator's ability to provide services to users by themselves.

### 3.3 Agreement Signature by Contract Team

You will receive a specific contract/agreement in paper to sign and return. This contract constitutes an agreement between you and the institution. It stipulates that when the youth leaves your care, the place will be automatically closed. This is referred to as a **specific** place (i.e. specific to the user targeted for your facility). Subsequently, if you would like to accommodate another youth, an assessment must be performed to verify whether you meet the expectations to become a regular foster family.

Please refer to Section 5 of this document.

### 3.4 Partner Follow-up

Following a user's arrival, several follow-ups are performed by different partners. These follow-ups may take place in your facility in order to meet you or the user, or they may be outside your home.

**Classification** will be conducted between the first 30-60 days of placement by the **IDC Worker**. During this meeting, information (e.g. profiles, expectations of future interventions) will be gathered with the user and you.

After that, the **Patient Navigator** will visit the youth at least once per month. They may have other workers who provide support, such as a specialized educator. The intensity of the service will increase to around once per week. In addition, the youth may have psychological follow-ups.

A Quality Worker will be assigned to you, visit you in your facility, and remain available to answer any questions.

### 3.5 User Departure (Relocation Request - End of Placement)

**A user may choose to leave your home for 3 reasons:**

1. Relocation for a change of life project, e.g. returning to the biological environment or a placement in a short- or long-term rehabilitation centre. This would be agreed upon with the Patient Navigator.

2. If your environment is reported or there is a quality gap, the child can be relocated on request from the worker.
3. Under certain conditions, you may request a relocation if the youth's needs exceed your facility's capacity (see Section 5, Transfer Requests).

When the user leaves, it is important to hand over all belongings, medication, user card, and the remaining balance of the allowance for personal expenses (ADP) to the navigator. You must have the navigator sign proof that you have returned the full sum. Note that you can make an agreement with the navigator on the terms of returning the money, e.g. with their agreement, the money could be transferred to the new environment.

### 3.6 User File Handling

"In the course of its activities, the resource amasses a lot of information about each user under their care. This information is needed to perform their roles and responsibilities with regard to the user and the institution.

This information must be kept on file and maintained by the resource for each user. This file is opened from the moment the resource receives information on the user, and at the latest, when the user is taken into care. The resource will complete the user's file while the user is under their care. This file must be kept in the living environment in an appropriate, safe place. It must be up to date, carefully maintained, complete, and reliable." (Translation of Reference Framework, pages 82-83)

The institution must provide the resource with the user information summary (RSVP) and the IDC (classification tool). It is important that these documents are kept safe and confidential.

"Some information contained on the user file, kept by the resource, is also accessible to the persons involved in the performance of activities (employees, substitutes, or others) when this information is needed to perform their duties. Any personal information on the user in the user's file kept by the resource is confidential. The resource and any person they associate with in the performance of its activities are bound by the confidentiality of this information."

"Unless in exceptional circumstances, the resource closes the user's file upon the user's final departure. However, the resource does not keep the information in this file and returns it to the institution. Collective and national agreements stipulate that, once a user departs, the resource must return all information concerning the user to the institution within a maximum of 30 days, and to maintain the confidentiality of all such information."



# SUMMARY: WHO AND WHEN TO CONTACT SOMEONE?

| CONTRACT TEAM  | CLASSIFICATION TOOL TEAM  | QUALITY CONTROL TEAM  | CLINICAL TEAM - PATIENT NAVIGATOR   | QUALITY ASSURANCE MANAGEMENT TEAM   |
|--|---|---|---|---|
| <p><b><u>Modification of your agreement (contract):</u></b></p> <ul style="list-style-type: none"> <li>• Addition/withdrawal of place.</li> <li>• Restricted place (unavailable).</li> <li>• Relocation.</li> <li>• Adding a condition to the agreement (retirement project or renewal and termination of agreement).</li> </ul> <p>Questions in relation to:</p> <ul style="list-style-type: none"> <li>• Your agreement (contract).</li> <li>• Reimbursement specific fees.</li> <li>• Your remuneration.</li> </ul> | <p><b><u>Questions in relation to:</u></b></p> <ul style="list-style-type: none"> <li>• Your classification tools, contact the classification expert for more details.</li> <li>• The RQS (Rétributions quotidiennes supplémentaires) or the MSSAE.</li> <li>• Adaptation of the IDC (classification) if the user's condition changes over the course of the year.</li> <li>• Annual review.</li> </ul> | <p><b><u>Questions on your role and your responsibilities.</u></b></p> <p>Difficulties in relation to clinical services (e.g. inadequate collaboration with workers, service not rendered).</p> <p>Change in your service offering (age ranges, addition or removal of places).</p> <p>Questions related to the allowance for personal expenses (ADP) or the management of flyers.</p> <p>Questions related to quality control (quality logbook, support plan).</p> | <p><b><u>Questions concerning the resident:</u></b></p> <ul style="list-style-type: none"> <li>• Authorization requests.</li> <li>• Recommended interventions.</li> <li>• Information on the user.</li> <li>• Difficulties with the user's loved ones.</li> <li>• Services received by the user.</li> </ul> <p>Changes in the user's condition affecting the services you must provide:</p> <ul style="list-style-type: none"> <li>• Contact the Clinical Worker so to make the necessary changes with the IDC expert.</li> </ul> | <p>Questions related to quality gaps (improvement plan, gap process, etc.).</p> |

## Section 4: General Criteria of the Minister and Reference Framework

### 4.1 General Criteria Identified by the Minister

All resources, whether IR or FTR, with or without limitations on practice, must at least meet the general criteria determined by the Minister in order to enter a specific or special agreement with a facility. These criteria include any elements related to the person in charge, the living environment, and the plan.

#### Person-related:

##### Majority

- Operators must be at least **18 years old**.

##### Citizenship

- Operators must be Canadian citizens or permanent residents of Canada.

##### Previous recognition or agreement

- Operators must not have had their recognition as a resource **suspended or revoked**, or had their agreement terminated for serious reasons, within the last three (3) years.

##### **Place of business (IR)**

- Operators of an intermediate resource must have a place of business in Canada.

##### **Solvency\***

- Operators must not have been the subject of **insolvency** legislation in Canada in the last three (3) years.

##### **Criminal record relevant to operation\***

- Operators must **not have a criminal record - related to the skills and conduct required** for the resource operation. This also applies to people who are at least 18 years old living in the area, as well as the adults who work with users (**volunteers, helpers, substitutes, or employees**).

##### **Registration (IR)**

- Operators who want to run an intermediate resource must comply with the *Act respecting the legal publicity of sole proprietorships, partnerships and legal persons*.

##### Insurance

- Operators who want to accommodate users must take out and maintain **home** (or business) **insurance**, as the owner or tenant, to cover the risks of damage to property and movable assets, including any risks related to general civil liability for activities other than those of the resource.

**CPR training\***

- Operators who want to accommodate users must have **up-to-date training from a recognized organization in cardiopulmonary resuscitation and general first aid. (CPR)**



- Operators must guarantee constant presence of **at least one person in the living environment with up-to-date training from a recognized organization in cardiovascular resuscitation and general first aid.**

\*Not applicable to FAPs.

**Living environment:****Accessibility of the living environment**

- The living environment is **geographically** located in an **accessible**, well lit, and safe area. Access is free from obstacles that could limit mobility or affect safety.
- The **living environment allows access to various community services**, according to the needs of social integration and participation, schooling, rehabilitation, and those related to spirituality and leisure, etc.
- If the plan is intended for users with **reduced mobility**, access to the living environment must meet recognized standards, particularly in terms of **access ramps and the width of exterior doors.**

**Exterior layout**

- The proposed living environment has **safe access to a terrace** or outdoor space, either on-site or off-site (public park, etc.).
- Exterior balconies and **railings** in compliance with current laws and regulations.
- The outside yard is **free from hazardous materials or objects** (tools, chainsaws, old, broken windows, boards with nails, etc.).
- The **exterior layout** must be adequate and well maintained.
- Access to **the pool/spa is safe** and complies with current standards (INESSS).

## Interior layout

- The living environment provides **clean common areas** in an adequate number for the various activities (recreation, meals, private contact with loved ones, etc.), using natural light and adapted to the type of user the FTR cares for.
- When required by the condition of the users, the rooms offer a sufficient turning axis for the circulation of **mobility aids (wheelchair, walking aid, etc.)** and the floors are designed to prevent falls, i.e. free from obstacles, with a non-slip surface, and without unevenness between the different types of surfaces.
- **Temperature, ventilation, humidity, and lighting** conditions are adequate and satisfactory (INESSS).
- Ceilings are at least **7.6 feet high** (dimension 5).
- In the case of a resource with **10 or more places**, the suggested living area is compartmentalized into islands with a maximum capacity of 15 rooms.
- Corridors have a minimum width of **42 inches, ideally 48 inches** if wheelchairs are to be used.
- If required by a **condition of at least one user**, the exterior and interior doors are threshold-free, **at least 36 inches** wide, and are equipped with a lever handle (cane spout).
- **Wall insulation** is covered (mineral wool, foam, etc.) for bedrooms and common rooms (INESSS).



## Bedrooms

- Bedrooms have **windows to the outside**. The window opening is in compliance with the *Building Code* and any standards in force.
- Bedrooms are located on the **ground or first floor**.
- Rooms are a minimum of **80 sq. ft. for a single room and 120 sq. ft. for a double room** or a single room if the user is in a wheelchair.
- Furniture includes a minimum of **space to store clothes and a bed that is adapted** to the user's condition. The room includes a **commode and bedside table**.
- Each **user has their own bed**, unless an adult in a relationship with another adult user, and both agree to share the same bed.
- The room can be **closed by a door** and provides **personal storage** for each user. The room cannot be in an open-plan location.
- The room is equipped with a **hoist**, if such equipment is required by the user's condition, to ensure safe transfers for both user and staff.
- The **furnishings** are of equivalent quality to those of other family members (INESSS).
- There are no **electrical panels** in the user's room (INESSS).
- **No window grill** (fixed bars) on the **windows** (INESSS).
- No **coping on the windows** of basement bedrooms (INESSS).
- The **room must be private** if the user's particular clinical condition requires, and if such orientation is provided for and documented in the user's care plan.



- The space available is such that the user does not have to share their room with one or more relatives or children.
- No **adult** shares the room of a child unless the child is **less than 6 months old** (safe sleep for babies).
- No child **over 5 years old** shares a room with a **child of the opposite sex**.
- No **user** can sleep in a **separate building or be isolated on a floor** that has no communication with the rest of the house,

in an unfinished attic or basement, or in a room normally used for purposes other than sleep.

- If the user is a young child, **the operator's room is located on the same floor as the child's room**.
- For rooms located in the **basement** (with user consent), there must be access to the outside (door or window) to exit the basement in the event of fire, and safety standards must be respected.
- The opening of the window must be a minimum of **3.77 sq. ft.** (in compliance with the *Building Code*).

### Bathrooms

- There is a **suitable number of shared** bathrooms which are adapted to the users targeted by the plan.
- The living environment has a full bathroom which is adapted to the condition of the users, **including approximately one for every four to five users**.

### Call system

- The bedrooms and bathrooms **have a call button**, as required by the user's condition.

### Safe and healthy living environment

- The proposed living environment is in compliance with the relevant provisions of the ***Building Act*** and any regulation deriving therefrom.
- The living environment is in compliance with the provisions of **fire safety** laws and regulations, as well as any municipal bylaws that apply to the type of residential organization under the plan.
- Opinions that are issued by responsible bodies are applied.
- **Hygiene and health** regulations in relation to **food** products are respected.
- All living environments are equipped with an **adequate number of smoke detectors and fire extinguishers**

(1 detector and 1 fire extinguisher per floor, type ABC [2.27 kg], INESSS).

- The residence is equipped with a **carbon monoxide detector** if there is an **oil, gas, or wood-heating** system, or if there is an attached garage (INESSS).
- The environment is equipped with a **telephone** that is **accessible to users**.
- Stairways are equipped with **handrails**.
- All exits are **unobstructed** at all times.
- **Firearms** are stored in compliance with the laws and safety standards in force. All **permits are valid**. All firearms are registered under Quebec's firearms registry.

- **Dangerous or toxic products and objects**, as well as medications are safely stored and in compliance with current standards.
- **Pets** must be of no threat to the safety of users.

### Plan-related:

#### Compliance with the institution's orientations

- The plan is in line with the institution's orientations, especially with regard to the terms for **access to services**. For native communities, the orientations come from the band council or the competent service organization authority.

#### Resource type

- FTR - The plan corresponds to the resource type and, as applicable, to the limitations of practice indicated for the targeted users.
- IR - The plan corresponds to the resource type and the type of residential organization indicated for targeted users.

- The residence is equipped with **windows** that open from the inside and have no window grills (INESSS).
- The residence is **equipped with an electrical panel** with a clearance zone that allows for easy access if required (INESSS).

#### Contractual relationship with the institution

- The recruitment and assessment process is carried out to conclude **a specific** or special **agreement**, unless in exceptional circumstances. Before concluding an agreement, the institution must ensure that the applicant's plan remains in line with their needs.

These services shall be verified by evaluators and the Quality Worker. They must be reassessed in the event of a relocation.

## 4.2 Reference Framework - Common Services

These common services are taken from the reference framework. “Common services reflect general support or assistance services that must be offered by all resources to all users, regardless of the type of clientele. Common services are related to the user’s living environment, daily living and domestic activities, as well as the various services designed to ensure the user’s safety and well-being.”

The Quality Worker will use the quality logbook to verify these elements with you.

### Maintained living environment



- Well-maintained indoor spaces;
- Furnishings and accessories in adequate quantities and in good condition; Spaces adapted to the needs of the intended user;
- Repairs and renovations (that have an impact on the user [safety, comfort]) completed within a reasonable time;
- Well-maintained exterior building and grounds (balcony, ramp, landscape, walls, roof, etc.).

### Ensured comfort and safety

- Temperature, humidity, lighting, and ventilation conditions are suitable;
- Emergency procedures have been implemented;
- The layout of the space is safe and functional;
- Dangerous, toxic products and objects are stored safely;
- Accident/incident reports are filled out (falls, choking, medication errors, etc.) and sent to the institution.

### Prepared and served meals

- Meals and snacks are in compliance with Canada’s Food Guide and the user’s needs;
- Meals include a variety of foods that generally have good nutritional value;
- Eating pace, tastes, and preferences are respected;
- Standards for hygiene and sanitation are respected.

### Maintained clothing

- The user’s wardrobe is suitable to allow for regular changing and they are appropriately dressed according to the seasons and circumstances;
- Clothing is clean and in good condition.

### Adequate hygiene ensured for user

- The user’s personal hygiene is maintained on a daily basis (e.g. clean hair, oral hygiene, body hygiene);
- Basic hygiene items are provided to users free of charge in accordance with contract agreements.

### Acquisitions that users require

- The resource makes any acquisitions needed for the user in terms of personal care, medication, clothing, leisure activities, or other special needs;

- Takes into account the tastes, habits, aptitudes, limitations, and characteristics of the users when making purchases;
- Finds the best value for money and respects the available financial resources;
- Obtains any authorizations required and keeps the supporting documents.

#### **Management of users' allowance for personal expenses (ADP) and the inventory of goods**

- The resource manages the user's allowance for personal expenses and involves the user as much as possible;
- Uses money for its intended purpose and for the benefit of the user;
- Reports their financial management to the institution, upon request;
- Makes an inventory of the user's belongings in collaboration with the worker of the institution, upon request.



#### **Support and assistance for the user in daily living activities**

- The resource provides the appropriate supervision for the user, both indoors and outdoors;
- Responds to the stimulation needs of the user and helps them learn;
- Promotes the well-being and development or maintenance of the user's skills;
- Promotes communication and active listening for the user;
- Any requests are adapted to the user's abilities.

#### **Established living environment**

- The resource informs the users and their families of the operating rules;
- Offers a balanced, adapted living routine;
- Conveys positive values and acts consistently and coherently;
- Encourages users to develop or maintain appropriate, safe behaviours;
- Ensures the respect of each person's boundaries and need for privacy;
- Respects users' privacy and the confidentiality of any information related to them.

#### **Promotion of access to activities organized by the resource or in the community**

- The resource organizes and directs activities that meet the user's needs and interests;
- Participates in maintaining or integrating the user as part of the community;
- Promotes access to recreational activities and community life.

These services are validated by **Quality Workers and Patient Navigators** during follow-up visits.

### **Adequate follow-ups ensured for all necessary health and social services**



- The resource notes any discomfort the user may experience and responds appropriately, according to the circumstances;
- Ensures that the user receives appropriate treatment and accompanies them, as required;
- Ensures that any equipment and technical aids used are clean and operational.

### **Ensured protection against abuse**

- The resource implements mechanisms that protect users from any form of abuse (physical, sexual, financial, psychological, etc.).

### **Ensured quality presence**

- A person in charge is present in the living environment at all times or, depending on the user's degree of autonomy, can be reached as needed;
- The resource ensures that substitutes, employees, and caretakers have the required attitudes and skills to ensure stability and continuity of support and assistance services;
- Competent substitutes are ensured.

### **Promotion of integration into the living and social environment**

- The resource treats users fairly;
- Offers living conditions similar to those of a natural environment;
- Enables the user to become involved in their own living environment;

- Encourages the user to have an active and suitable social life.

### **Collaboration with the various parties involved with the user**

- The resource informs and follows up with those responsible for integration activities (school, work, etc.);
- Sends the relevant observations to those involved with the user;
- Participates in any exchanges and discussions concerning the user, as required.



### **Collaboration with the institution**

- The resource collaborates with the institution to improve the user's situation and to help reduce or resolve any of their observed difficulties;
- Shares all relevant information about the user with the institution and promptly informs workers of any change in the user's condition;
- Participates in the process of improving the service quality offered in collaboration with the institution.

### **Maintenance of ties with family members, as applicable, and with significant others**

- The resource shows respect for the user's family and significant others;
- Respects the user's feelings toward these people;
- Encourages contact with these people, as appropriate.

### 4.3 Classification Tool - Specific Services

The IDC Worker's role is to help you fill out the classification document. As mentioned, this tool is filled out first when the user arrives, and then on a yearly basis. It is based on 17 descriptors. The aim is to assess the specific needs of users.

#### **Nutrition**

- Users eat in a clean manner, present no choking hazards or health problems.
- Note: The Descriptor includes meals and snacks.

#### **Dressing**

- Choose suitable clothing. Properly dress and undress. This also applies to orthoses and prostheses.

#### **Hygiene**

- Washing properly (body and hair).

#### **Hygiene continued**

- Proper self-care. Examples: Partial grooming, daily activities (brushing teeth, combing, shaving, etc.) and periodic activities (nail care, menstrual hygiene, etc.).

#### **Physical access - Medication**

- Medication is distributed and administered.

#### **Elimination**

- All tasks related to elimination must be performed, e.g. going to the bathroom, dressing and undressing, using the toilet and toilet paper, flushing the toilet, and washing hands.

#### **Mobility - Transfers**

- Mobility provided for transfers (bath, chair, bed, toilet).

#### **Mobility - Relocations**

- Relocations are safely managed.

#### **Mobility - Stairs**

- Ascending and descending stairs are safely performed.

#### **Integration**

- Attendance and maintenance of the user in integration activities (school, work, other).

**Conduct - Self-destructive behaviours**

- Control of self-destructive behaviours, e.g. self-mutilation, suicidal ideation, eating disorders.

**Behaviour - Impulsiveness**

- Control of impulsiveness, e.g. intense agitation, physical aggression, sexual aggression, verbal aggression, hyperactive behaviour, inappropriate sexual behaviour, compulsion, temper tantrum, disruptiveness, intrusive wandering, low frustration tolerance, running away, impulsiveness, irritability, acting out, vandalism, theft, and uncontrolled use of alcohol, drugs, Internet, or gambling.

**Conduct - Emotions**

- Control of emotions, e.g. altered moods, threatening behaviour, apprehension, sleep disorders, excessive excitement or sadness, extreme fatigue, major anxiety, hypersensitivity, emotional lability, lack of interest, mutism, obsession, fear, withdrawal, somatization, excessive verbalization.

**Conduct - Interpersonal skills**

- Demonstrate appropriate interpersonal skills, e.g. lack of boundaries, antisocial behaviour, cruelty, stubbornness, intrusiveness, hostility, hypersexualization, inability to adapt to others, inhibition, bullying, isolation, bad company, not following rules, opposition, etc.).

**Independent living**

- Achieving or maintaining autonomy in activities of domestic life, e.g. doing the laundry, housekeeping, shopping, managing the budget, managing transportation, preparing meals, using communication means, etc.

**Physical care**

- Health problems, physical and sensory disabilities requiring special care and services from health professionals other than medication.

**Appointments**

- Accompany the user to psychosocial, family, school, work, or other appointments, and to appointments with health professionals, or for outside activities. Note: Allocate 3 hours for an appointment.

The following **17 descriptors** are used to assess the user's specific service needs.

## Section 5: Relocation Request

### 5.1 Procedure

You may make a request to relocate a user if you feel you are no longer able to meet these needs.

**The following are the procedures for processing relocation requests:**

- You must make the request directly to the Patient Navigator and notify your Quality Worker of the situation;
- Once we receive the request, we have 30 days to assess, accept, or reject it;
- In the event of relocation, an agreement is made on the best time to carry it out (following consultation between the partners);
- According to the ADREQ collective agreement, for a request for relocation to be admissible, the FTR (in the judgment of the professionals) must consider that they are unable to meet the child's needs, or that the child's presence in its environment compromises the services provided to another child. Logically, however, support services must have been first offered to the operator in order to make a decision on these criteria.

A meeting between the partners in this situation, i.e. the quality department (Clinical Activity Specialist and Quality Worker), the psychosocial department (Clinical Activity Specialist and Social Worker), and the access service department (Clinical Activity Specialist), is held to assess the situation. The Patient Navigator will then follow up with you.

## Section 6: Allowance for Personal Expenses (ADP)

### 6.1 Operation

Appendix 1 of the circulaire Allocations financières pour les enfants en ressources intermédiaires et en ressource de type familial specifies that an allowance for personal expenses (ADP) of \$5 per day is paid to the resource on a monthly basis for each user under 18 years of age or registered up to 21 years of age in a high school (must be for the user and the balance is transferred in the event of relocation). This amount is for expenses related to the user's needs.

Management of the ADP must reflect the terms of the common support or assistance services defined in the *Regulation respecting the classification of services offered by an IR-FTR*.

One-time expenses over \$100 that have not been budgeted for in the budget plan must be pre-authorized by the follow-up worker for the user and kept in the user's binder.

You must keep invoices for all expenses incurred with the ADP. You can create an Excel table or use another tool to calculate the remaining amounts. However, you must be aware of the total amount remaining and spent each month, for each user. ADP management must be clear to your Quality Worker in order to fully understand the expenses and be able to carry out their audit (verification of expenses).

The following link is to the ADP policy. You can also ask your Quality Worker if necessary. ([ADP procedure](#) and [ADP policy](#))



## 6.2 Circulaire - Financial allowances

Three amounts are available for user expenses outside the ADP and the amounts paid to you.

### 1. Clothing

Following prior authorization and on presentation of supporting documents, reimbursement may not exceed the annual amount (all taxes included) determined according to the child's age on March 31 of the current year.

### 2. Sports and cultural activities

Following prior authorization and on presentation of supporting documents, reimbursement may not exceed the annual amount (all taxes included) determined on the basis of the child's age on March 31 of the current year.

### 3. School supplies and extracurricular activities

To purchase books and school supplies, and to cover certain extracurricular activities for a child, an annual allowance (all taxes included) based on the child's age on September 30 of the current year.

During the year, after receiving prior authorization and on presentation of supporting documents, the cost of acquiring other school equipment necessary for the child can be reimbursed by the school.


The following link is to the updated circulaire. You can also ask your Quality Worker. ([Circulaire MSSS](#))



## 6.3 Reimbursement

All requests for refunds must be addressed to the contract finance team. Quality workers cannot authorize reimbursements.

Requests must be sent via the forms received each month.

The following is a summary of the requests that can be made and the amounts from the circulaires detailed in the previous section. ([Aide-Mémoire r](#)  [nations \[claims list\]](#))

## Section 7: Tools

### 7.1 Website

The following link is to the resources website, which includes a number of useful documents grouped together. The site is divided into different sections.

- Documentation useful to your functions;
- Management of users' allowance for personal expenses (ADP), claims, and other administrative procedures;
- Insurance;
- Instrument de détermination et de classification (IDC) des services de soutien ou d'assistance;
- Policies.

[Website](#)



### 7.2 Telephone Number

The following document includes the telephone numbers to contact each team:

→ [Document on the website](#)



### 7.3 IR-FTR List

The following list includes various important detailed information on youth management:

→ Document to come on the website. Refer to your Quality Worker.

### 7.4 Property Register

The following property register is to be completed when users arrive and depart:

→ [Document on the website](#)



### 7.5 Documents Used for Your Functions

- [Code of Ethics](#)
- [Reference Framework](#)
- [FTR - FAP Basic Information](#)
- [ADREQ - Association Representation](#)
- [Collective Agreement](#)



## TRAINING NOTES

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